

...in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158County Registrar No. 777

Local Registrar No. _____

No. 1132 Live Ark St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Maria Compean { If child is not yet named, make supplemental report, as directed.3. Sex of Child { To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug 8 1926
Month Day Year8. FATHER
Full name José Lopez Compean9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 41 (Years)12. Birthplace (city or place) _____
(State or country) Mexico13. Occupation Grocer Clerk
Nature of industry14. MOTHER
Full maiden name Matilda Cuen15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.16. Color or race Mexican 17. Age at last birthday 33 (Years)18. Birthplace (city or place) _____
(State or country) Mexico19. Occupation Housewife
Nature of industry20. Number of children of this mother { (a) Born alive and now living 6
(b) Born alive but now dead 0
(c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 A m. on the date above stated
(Born alive or stillborn)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature H. J. Trumiller (Physician or midwife)
Address Miami, ArizonaGiven name added from a supplemental report _____
Month, day, year _____
Filed Aug 17 26 R. E. Dinn Local Registrar.

Registrar

Filed _____, 19 _____ County Registrar.

H-35-808-435